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TO: Commissioner for Patents
Attn: Examiner A. Basichas
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Joshua N. Randall

OUR REF: 12929.1077USC1
TELEPHONE: 612.371.5387

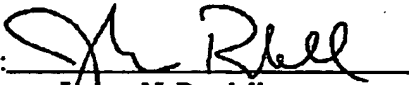
Total pages, including cover letter: 11**PTO FAX NUMBER 1.703.872.9306**

If you do NOT receive all of the pages, please telephone us at 612.336.4664, or fax us at 612.332.9081.

Title of Document Transmitted: AMENDMENT AND RESPONSE

Applicant: BACHINSKI ET AL.
Serial No.: 10/848,834
Filed: MAY 17, 2004
Group Art Unit: 3749
Our Ref. No.: 12929.1077USC1
Confirmation No. 4798

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
Name: Joshua N. Randall
Reg. No. 50,719

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Andrea Endris


Signature

April 6, 2005
Date

GENDLL.DOT

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10848834

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	1	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	1 minus 20 =	
INDEPENDENT CLAIMS	1 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	8	20	8
Independent	4	3	8
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	9	20	8
Independent	6	3	8
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	9	20	1
Independent	5	4	1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X5 9=		OR	X518=	
X43=		OR	X88=	
+145=		OR	+290=	
TOTAL	385	OR	TOTAL	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X43=		OR	X88=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X43=		OR	X88=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X5 9=		OR	X518=	
X43=	100.00	OR	X88=	
+145=		OR	+290=	
TOTAL	100.00	OR	TOTAL	
ADDIT. FEE		OR	ADDIT. FEE	

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